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Memorandum

To: Children's Behavioral Health Targeted Case Management Providers, Behavioral Health Home Providers and Home and Community Treatment Providers
From: Todd Landry, Director of Office of Child and Family Services
cc: MaineCare
Date: 10/1/2021
Subject: HCT Referral Management Process Changes

Dear Children's Behavioral Health Service Providers

The Office of Child and Family Services (OCFS) continues to work on addressing the waitlists as one of our [13 priority strategies](#) to improve the Children's Behavioral Health System (CBHS) in Maine.

Over the past two years, we have been assessing data, reviewing processes, and eliciting feedback from stakeholders to identify areas for improvement with a goal of getting children served more quickly. The changes outlined below will move us toward that goal. We have identified some clear inefficiencies in our current processes which we have informed measures to address this in order to decrease wait times for children referred to Home and Community Treatment (HCT) services.

The Problem

Through the work of the System of Care grant, CBHS has learned that once a child reaches the top of the waitlist and is offered HCT by a provider who reports capacity:

- Approximately 50% of families are declining service; many are citing that they didn't realize what the service entailed. This was determined through a qualitative review of select counties. Statewide, aggregate data on the reasons for which families decline services and what percentage of families have outdated demographics is not currently available.
- Providers often cannot get in touch with families to offer the service due to outdated demographic information

All of the changes identified below will go into effect October 1, 2021.

The Solution

OCFS has created information sheets on HCT, in collaboration with youth and families, to address the information gap that currently exists between providers and families. The information sheets can be used to assist referral sources in describing the service to families, and to ensure that families fully understand the HCT service. Referral sources will now be required to review the information sheet with the family prior to making a referral then upload the accompanying parent/youth acknowledgment form to Atrezzo as part of the referral. Referral requests will be placed on hold if this information is not uploaded into the Atrezzo portal.

Effective October 1, 2021, KEPRO will generate a provider specific HCT referral report monthly via Excel to all Targeted Case Management (TCM) and Behavioral Health Home (BHH) Program Directors. This report will list all referrals for HCT from that provider with specific demographic information to verify accuracy. The agency will be responsible for reviewing the report with staff and make any needed updates and changes. Referral sources are currently expected to make changes in Atrezzo as demographic changes occur with families. This new monthly review will ensure necessary changes are being made on a timely basis. Providers will send the updated report to KEPRO's Provider Relations Team, who will make changes in Atrezzo. Referrals made by other entities will continue to receive calls directly from KEPRO. This process will eventually replace the outreach calls made to families by Kepro.

Following receipt of a referral, HCT providers will now be required to complete newly added discharge reasons in Atrezzo when a family declines services. This will help OCFS continue to evaluate why families may decline HCT services. HCT providers must upload a discharge summary within 45 days of a client declining and/or discharging from HCT services

The information made available through the System of Care grant equipped OCFS with data that presents exciting opportunities to improve the delivery of services to youth through the actions described in this memo. In order to truly transform this process, and to ease the burden of families on the waitlist, collaboration across the many stakeholders is necessary. Below are some of the expectations that we have of referral sources and providers to ensure these changes alleviate the challenges shown in the data:

Referral Source Expectations (TCM/BHH):

- Review and explain the service using the [HCT Information Sheet](https://www.maine.gov/dhhs/ocfs/support-for-families/childrens-behavioral-health/services) prior to making a referral. (<https://www.maine.gov/dhhs/ocfs/support-for-families/childrens-behavioral-health/services>)
- Upload the signed [Youth/Parent Acknowledgement Form](#) in Atrezzo with each new referral.
- Inform Kepro by calling their provider relations team at providerrelationsme@kepro.com when a family no longer needs or wants the service so they can be removed from the waitlist and make room for another child in need.
- Review and update the information in the "HCT Referral Management List Update Report" within 5 business days of receiving it from Kepro via an email to the agency director or identified representative. Reports should be emailed back to provider relations at KEPRO via email at providerrelationsme@kepro.com.
- Referrals deemed eligible for HCT will be valid for 365 days. A new referral for MaineCare eligibility and ongoing need will be required at day 366.

Provider Expectations (HCT):

- Notify Kepro if unable to contact a family within 7 days of being matched.
- Enter discharge information in Atrezzo when a family opts out of services, when the family is discharged prior to treatment being complete, and at the completion of services. New drop-down selections have been added to Atrezzo for this.
- Upload a discharge summary within 45days of a client discharging from the service.

Kepro Expectations:

- Within 2 business days of return receipt of the "HCT Referral Management List Update Report", KEPRO will make all updates in Atrezzo.
- Send the 10 day outreach letter if an HCT provider is unable to contact the family after being matched. If no response, the family will be removed from the list

- Remove from the referral management list a family who declines services after being matched with a provider. A new referral will be required when/if the family chooses to seek out HCT again
- Continue making outreach to families for a period of 3 months while this new process is implemented.

OCFS-CBHS Expectations:

- In April 2022, OCFS-CBHS will host a meeting with HCT, TCM and BHH providers to review how the new process is functioning.

Other Changes:

- TCM currently requires continued stay reviews (CSRs) every 3 months. CSRs will now be required every 6 months to align with similar services.

Training Material:

Access updated training material about HCT by clicking on HCT at:

<https://www.maine.gov/dhhs/ocfs/support-for-families/childrens-behavioral-health/services>

Webinars about other services in the Children's Behavioral Health Service array can also be found on this site.

Please contact the Resource Coordinators to provide input into these new processes:

District 1 & 2 (York, Cumberland counties)

Cathy Register

Telephone: (207)822-2331

e-mail: cathy.register@maine.gov

District 3, 4, and 5 (Androscoggin, Franklin, Lincoln, Kennebec, Knox, Oxford, Sagadahoc, Somerset, Waldo counties)

Kellie Pelletier

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District 6, 7, and 8 (Aroostook, Hancock, Penobscot, Piscataquis, Washington counties)

Cheryl Hathaway

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For questions about this process change or Atrezzo submission please contact KEPRO Provider Relations at 866.521.0027 Option 3.

We thank you for your continued dedication to the children, youth, and families of Maine.